

Rev 10/08

**WEINGARTEN, SCHURGIN, GAGNEBIN & LEOVICI LLP**  
**Ten Post Office Square**  
**Boston, Massachusetts 02109**  
**Telephone: (617) 542-2290**  
**Telecopier: (617) 451-0313**

**VIA EFS-Web**  
**COMMISSIONER FOR PATENTS**  
P.O. Box 1450  
Alexandria, VA 22313-1450

**Attorney**  
**Docket No.: NU-604XX**

Sir:

**In re application of: VLADIMIR P. TORCHILIN, ET AL.**

**Entitled: MICELLE DELIVERY SYSTEM LOADED WITH A PHARMACEUTICAL AGENT**

Transmitted herewith is a **Response to Restriction Requirement** in the above-identified application. The following checked items are applicable:

- ☐ This is a Request for Continued Examination under §1.114; a check in the amount of \_\_\_\_\_ is enclosed per §1.17(e).  
☐ Enter the unentered amendment previously filed on \_\_\_\_\_ per §1.116.

☒ **Small Entity Status is asserted.**

- ☐ A Petition for Extension of Time for \_\_ month(s) is hereby made under §1.136(a); a check in the amount of \$\_\_\_\_\_ is enclosed for the cost of such extension per §1.17.

☒ In the event a Petition for Extension of Time is required by this paper and not otherwise provided, such Petition is hereby made and authorization is provided herewith to charge Deposit Account No. 23-0804 for the cost of such extension.

☐ Other:

| CLAIMS AFTER<br>AMENDMENT:  | MINUS PRIOR<br>PAID CLAIMS: | EQUALS PRESENT<br>EXTRA CLAIMS: | RATE:        | ADDITIONAL<br>FEE: |
|---|-----------------------------|---------------------------------|--------------|--------------------|
| Independent   | 2 - 2                       | = 0                             | x \$220.00 = | 0                  |
| Total   | 22 - 22                     | = 0                             | x \$ 52.00 = | 0                  |
| <input type="checkbox"/> Multiple Dependent Claims (1st presentation)   |                             |                                 | + \$390.00 = | 0                  |
| <b>SUBTOTAL ADDITIONAL FEE</b>  |                             |                                 |              | 0                  |
| Small Entity filing, divide by 2. Small Entity status must be asserted. |                             |                                 |              | 0                  |
| <b>TOTAL ADDITIONAL FEE</b>   |                             |                                 |              | 0                  |

☒ No additional fee. ☐ The fee has been calculated above; a check in the amount of \_\_\_\_\_ is enclosed.

☒ **The Commissioner is hereby authorized to charge payment of any additional filing fees under §1.16 associated with this communication or credit any overpayment to Deposit Account No. 23-0804.**

Dated: June 29, 2009

/Holliday C. Heine/  
**Attorney of Record: Holliday C. Heine, Ph.D.**  
**Registration No.: 34,346**